

## Participant Enrollment 403(b) Plan

### Catholic Diocese of Peoria 403(b) Plan

**744770-01**

#### Participant Information

\_\_\_\_\_  
Last Name First Name MI  
(The name provided MUST match the name on file with Service Provider.)

\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Zip Code

( ) ( )  
Home Phone Work Phone

☐ Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? ☐ Yes ☐ No

Would you like help consolidating your other retirement accounts into your account with Empower?\* ☐ Yes, I would like a representative to call me at phone # \_\_\_\_\_ to review my options and assist me with the process. The best time to call is \_\_\_\_\_ to \_\_\_\_\_ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). \*Rollovers are subject to your Plan's provisions.

#### Payroll Information

- ☐ I elect to contribute \$ \_\_\_\_\_ or \_\_\_\_\_ % (do not complete both) (up to \$22,500.00 or 1% - 100%) per pay period of my compensation as Before Tax contributions to the 403(b) Plan until such time as I revoke or amend my election.
- ☐ I elect to contribute \$ \_\_\_\_\_ or \_\_\_\_\_ % (do not complete both) (up to \$22,500.00 or 1% - 100%) per pay period of my compensation as Roth contributions to the 403(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

\_\_\_\_\_  
Location Name

\_\_\_\_\_  
Location Number

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

#### INVESTMENT OPTION

NAME	TICKER	CODE	%
American Funds Capital World G/I R3.....	RWICX	RWICX	_____
American Funds EuroPacific Gr R3.....	RERCX	RERCX	_____
BNY Mellon Smallcap Stock Index Inv.....	DISSX	DISSX	_____
Nuveen Small Cap Select A.....	EMGRX	EMGRX	_____
Ave Maria Rising Dividend.....	AVEDX	AVEDX	_____
BNY Mellon Midcap Index Inv.....	PESPX	PESPX	_____
Victory Sycamore Established Value R.....	GETGX	GETGX	_____
American Funds AMCAP R1.....	RAFAX	RAFAX	_____

#### INVESTMENT OPTION

NAME	TICKER	CODE	%
BNY Mellon Inst S&P 500 Stock Index I.....	DSPIX	DSPIX	_____
Invesco Growth and Income R.....	ACGLX	ACGLX	_____
Franklin Income R.....	FISRFX	FISRFX	_____
Ave Maria Bond.....	AVEFX	AVEFX	_____
Invesco Short Term Bond R.....	STBRX	STBRX	_____
Templeton Global Bond R.....	FGBRX	FGBRX	_____
General Account.....	N/A	TGBJA3	_____

**MUST INDICATE WHOLE PERCENTAGES = 100%**

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Last Name

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First Name

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M.I.

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Social Security Number

744770-01

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Number

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**Trusted Contact Person Information (Optional)**

Providing information about a trusted contact person(s) authorizes us to disclose account information to your designated trusted contact person(s) under the following circumstances: to address possible financial exploitation; to confirm the specifics of your current contact information, health status or the identity of any legal guardian, executor, trustee or holder of a power of attorney; or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Mr. Mrs. Ms. Dr.

**Suffix**

Sr. Jr.

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First Name

---

Middle Name

---

Last Name

---

Address

---

Apt/Suite No.

---

City

---

State

---

Zip

---

Country

---

Work Phone

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Home Phone

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Mobile Phone

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Email AddressRelationship to Primary Applicant/Co-Applicant: 

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Mr. Mrs. Ms. Dr.

**Suffix**

Sr. Jr.

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First Name

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Middle Name

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Last Name

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Address

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Apt/Suite No.

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City

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State

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Zip

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Country

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Work Phone

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Home Phone

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Mobile Phone

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Email AddressRelationship to Primary Applicant/Co-Applicant: 

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☐ I decline to provide trusted contact person information at this time

Last Name

First Name

M.I.

Social Security Number

744770-01

Number

## Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

**This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.**

### Primary Beneficiary

#1	.			
( )	% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
Phone Number (Optional)		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		
		<input type="checkbox"/> Domestic Partner		

#2	.			
( )	% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
Phone Number (Optional)		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		
		<input type="checkbox"/> Domestic Partner		

### Contingent Beneficiary

#1	.			
( )	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
Phone Number (Optional)		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		
		<input type="checkbox"/> Domestic Partner		

#2	.			
( )	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
Phone Number (Optional)		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other		
		<input type="checkbox"/> Domestic Partner		

## Spousal Consent for Beneficiary Designation

I, (name of spouse) \_\_\_\_\_, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse's Signature

Date

**A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.**

*The spouse's signature must be notarized by a Notary Public. The date of the spouse's signature on this form must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.*

**ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.**

**We require that the following information must be included on the separate jurat or notarial certificate:** (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary

**NOTE: Notary seal must be visible.**

The consent to this request was subscribed and sworn (or affirmed) to

State of \_\_\_\_\_) before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_,

SEAL

)ss. by (name of spouse) \_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person

County/Parish/Borough of \_\_\_\_\_) who appeared before me, who affirmed that such consent represents

\_\_\_\_\_ his or her free and voluntary act.

Notary Public's signature \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

**A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.**

Notary Public's full name \_\_\_\_\_ Telephone number \_\_\_\_\_

## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the group annuity contract issued and/or the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received investment option information, including prospectuses and other disclosure documents, and I understand the risks of investing.

**Compliance With Plan Document and/or the Code** - I agree that my Employer may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response

Last Name

First Name

M.I.

Social Security Number

Number

System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

Important Notice: If you are married and the Plan is subject to spousal consent requirements under ERISA and/or the Plan Document, you must have your spouse's signature notarized to designate a primary beneficiary other than your spouse or in addition to your spouse.

### Participant Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

### Employer Certification

I certify that the information provided by the participant on this form is correct.

### Employer Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

### Print Full Name

**After all signatures have been obtained, this form can be:**

#### Uploaded electronically to:

Login to account at  
**empowermyretirement.com**  
Click on *Upload Documents* to submit

OR

#### Sent regular mail to:

Empower  
PO Box 56025  
Boston, MA 02205-6025

OR

#### Sent express mail to:

Empower  
8515 E. Orchard Road  
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

**Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC.** EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.

## PRIVACY NOTICE

REV 2/2023

<b>FACTS</b>	What does Empower Retirement, LLC (Empower) do with your personal information?
<b>WHY?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>WHAT?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"><li>• Social Security number and account balances.</li><li>• Retirement assets and transaction history.</li><li>• Employment information and income.</li></ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
<b>HOW?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons Empower chooses to share, and whether you can limit this sharing.

<b>REASONS WE CAN SHARE YOUR PERSONAL INFORMATION</b>	<b>DOES EMPOWER SHARE?</b>	<b>CAN YOU LIMIT THIS SHARING?</b>
<b>For our everyday business purposes —</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes —</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes —</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes —</b> information about your creditworthiness	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>QUESTIONS?</b>	Call toll-free at 855-756-4738 or go to <a href="https://empower.com/privacy">empower.com/privacy</a>
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WHO WE ARE	
Who is providing this notice?	Empower and its affiliates. A list of companies is provided at the end of this notice.
WHAT WE DO	
How does Empower protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include physical, technical, and procedural safeguards, such as building and system security, and personnel training.
How does Empower collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> <li>• Provide account information or apply for a loan.</li> <li>• Enter into an investment advisory contract or seek advice about your investments.</li> <li>• Tell us about your investment or retirement portfolio.</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>• Sharing for affiliates' everyday business purposes — information about your creditworthiness.</li> <li>• Affiliates from using your information to market to you.</li> <li>• Sharing for nonaffiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>
DEFINITIONS	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• <i>Our affiliates include companies with the Empower names, as listed below, and other financial companies such as Empower Advisory Group, LLC.</i></li> </ul>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• <i>Empower does not share with nonaffiliates so they can market to you.</i></li> </ul>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• <i>Empower doesn't jointly market.</i></li> </ul>
WHO IS PROVIDING THIS NOTICE?	
<p>Empower Retirement, LLC; Empower Annuity Insurance Company of America; Empower Life &amp; Annuity Insurance Company of New York; Empower Plan Services, LLC; Empower Advisory Group, LLC; Empower Financial Services, Inc.; The Canada Life Assurance Company (U.S. operations); Great-West Life &amp; Annuity Insurance Company of South Carolina; Empower Capital Management, LLC; Empower Funds, Inc.; Empower Trust Company, LLC; Empower Holdings, Inc.; Empower Annuity Insurance Company; Prudential Bank &amp; Trust, FSB (to be merged into Empower Trust Company, LLC in or around March 2023); TBG Insurance Services Corporation; MC Insurance Agency Services, LLC; Mullin TBG Insurance Agency Services, LLC; COMOSA REIT Corp. Empower Personal Wealth, LLC; Empower Services Holdings, LLC; Personal Capital Advisors Corporation (to be merged into Empower Advisory Group, LLC in or around April 2023); and Personal Capital Services Corporation. Empower and/or certain Affiliates also administer certain insurance policies on behalf of other insurance companies as a "Third Party Administrator" in connection with certain acquisitions it has made of businesses previously owned by other companies.</p>	

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